

LAUREL HILL SECONDARY SCHOOL FCJ



Application Form for Teaching Post _____

Post is Subject to Dept. of Education & Skills Sanctions

Teaching Position Applied for _____

1. PERSONAL DETAILS

Name: _____

Address: _____

Telephone Contact Details: _____

Email Address: _____

Are you registered with the Teaching Council? Yes No

If YES, Teaching Council Registration Number _____

Subjects registered to teach:

1. _____ 2. _____ 3. _____

If registration status is conditional please tick the condition that has not been fulfilled and indicate the expiry date by which each condition must be met.

Condition 1 – Droichead/probation Expiry date: _____

Condition 2 – Induction workshop program Expiry date: _____

Condition 3 – Irish language requirement Expiry date: _____

Condition 4 – Qualification shortfall Expiry date: _____

Please specify

Please note that the successful candidate will be paid by DES and will have to fulfill DES conditions which include registration with the Teaching Council.

3. EMPLOYMENT HISTORY

Teaching-Experience to-date

Dates From - to	School / College Organisation	Contract Type PWT/RPT/Part-time	Subjects taught and to what level	Hours per week

Post(s) of Responsibility Held (if applicable) -

School Name	Address	Position Held	Dates

If Newly Qualified, please insert teaching practice information

School Name	Address	Classes taught	Dates	Grade

Additional Qualifications e.g. ICT, SEN

College	Qualification and Year	Modules Studied

Other relevant, non-accredited course – most recent first

Other relevant, non-accredited course – most recent first		

Other relevant employment experience

Employer	Position	Duties	Dates	Grade

Areas of Special Interest – Extra-Curricular / Co-curricular

Area	Expertise / Experience

4. SUPPORTING STATEMENT

This section is for you to provide a summary of your teaching experience, your approach to teaching and any extra-curricular activities you have organised and are willing to promote.

5. REFERENCES

Please supply the names and addresses of two referees,

(One of whom should know you in a professional capacity and the other be in a position to provide a character reference for you):

a) **Name** _____

Address _____

Telephone _____

b) **Name** _____

Address _____

Telephone _____

6. DECLARATION AND SIGNATURE

In the event of you being recommended for this position, the Board of Management is obliged to comply with the terms of current DES circular letters.

If you are recommended for this position, a vetting disclosure must be made available to the Secretary to the Board of Management when the offer of employment is being made. The Board of Management may withdraw an offer of employment if a satisfactory vetting disclosure is not made available.

The Board of Management cannot enter into a Contract of Employment without first receiving a vetting disclosure.

By signing below, you consent to a vetting disclosure, received by the Teaching Council from the Vetting Bureau, being made available to the school in accordance with the requirements of Circular Letter 31/2016. You are also required to sign the declaration below certifying that all information you have provided is accurate.

The Selection Committee may wish to check any of the details you have provided.

Providing incorrect information or deliberately concealing any relevant facts may result in disqualification from the selection process or, where discovery is made after an appointment, in summary dismissal. I declare that the information supplied in this application form is accurate and true.

I certify to the Board of Management that the information provided in this application is true and correct.

Signature of Applicant _____

Date _____

- ◆ The Board of Management of this school is an equal opportunities employer
- ◆ Shortlisting of candidates may take place.

Please enclose 2 written references.

Please return to the Secretary, Board of Management, Laurel Hill Secondary School FCJ, South Circular Rd., Limerick or appointments@laurelhillfcj.ie